



**Commonwealth of Massachusetts**  
**OFFICE OF CONSUMER AFFAIRS**  
**DIVISION OF PROFESSIONAL LICENSURE**

**Board of State Examiners of Plumbers and Gasfitters**  
**239 Causeway Street, Suite 400, Boston, Massachusetts 02114**

**APPLICATION FOR EXTENDED (3-YEAR) TESTING LABORATORY APPROVAL**

\$150 application fee – Make check payable to Commonwealth of Massachusetts

**(1) Laboratory Information**      Date:                      (mm/dd/yyyy)

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Toll Free #: \_\_\_\_\_ Email: \_\_\_\_\_

**(2) Product Information**

List Board approval number: \_\_\_\_\_ Unknown: \_\_\_\_\_

List 3 plumbing/gas manufacturer's products with model numbers tested since the last Board approval:

- a.) \_\_\_\_\_
- b.) \_\_\_\_\_
- c.) \_\_\_\_\_

Has your laboratory approval ever been revoked by any certifying administrative agency since last approval?    YES              NO

If you selected YES, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** 248CMR 3.04(6)(d)4. states: Extended-approved-testing-lab. Prior to the expiration of an Initial-approved-testing-lab status each Initial-approved testing-lab shall apply to the Board for Extended-approved-testing-lab status.

Notarized "Testing Laboratory Statement of Independence is attached:    YES              NO

## TESTING LABORATORY STATEMENT OF INDEPENDENCE

Laboratory Name: \_\_\_\_\_ certifies that, with reference to plumbing and/or gas;

- a.) There are no managerial affiliations with any producer, supplier, or vender, and
- b.) There are no securities investments in the product line, and
- c.) There are no stock options in the product line, and
- d.) The employment security of personnel is free from influence by the products, supplier or vendor, and
- e.) The agency is not owned, operated, or controlled by any other producer, supplier, or vendor.

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

☐ **By checking the box you are certifying under the pains and penalties of perjury that all of the information entered on this application, to include attached documentation, is true and accurate.**

By: \_\_\_\_\_

President or C.E.O. (Signature)